

Household Identification #: _____

PROOF OF RESIDENCY IS REQUIRED
EACH TIME YOU REGISTER FOR A
SPORT OR ACTIVITY.

Registration Form

**REMEMBER:
APPLY MULTIPLE
CHILD DISCOUNT
TO FEES, IF
APPROPRIATE.**

Participant Information: *Please print in ink and fill out completely*

Parent/Guardian's Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

Address _____ Apt.#: _____ City _____ State _____ Zip _____

Secondary Guardian's Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone/Beeper _____

Address _____ Apt.#: _____ City _____ State _____ Zip _____

Participant's First & Last Name	Participant's Birth date	Current Grade	Age	Height	Sex	For Camp Only Choices (site location)	Program # 3 #'s for camp only	Program	Fee

Emergency Contact: *(other than parent or guardian)*

To be contacted if parent or guardian listed above cannot be reached.

Emergency Contact _____

Relationship to Participant _____ Work Phone _____

Home Phone _____ Cell Phone/Beeper _____

List any allergies or medications (specify which child): _____

Signature of Parent/Guardian _____ **Date** _____

MasterCard _____ Visa _____

Card # _____ Expires _____ Auth # _____

Signature as it appears on the card _____

I agree to pay the above amounts listed as credit card charges according to credit card user agreements.

Release I hereby release and agree to indemnify and hold harmless the City of Sunrise, the City of Sunrise Department of Leisure Services and any official or volunteer of the City of Sunrise against all claims resulting from participation in this class or program, with my knowledge that by participating in this activity I/we assume risk of injury. I also give permission to the City of Sunrise to use and display any photographs taken of me/my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise. I also hereby give permission in my absence for my son/daughter to receive any necessary medical treatment for injury or sickness outpatient care and/or in-hospital treatment.

REFUND POLICY: No refunds after 6 months from the start of program/activity. Refunds may be pro-rated. No refunds if participation is 50% or more prior to cancellation/refund request. Cancellation and/or refund requests must be submitted in writing to Leisure Services.